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Original Article

Religious and Spiritual Delusions in Schizophrenia Spectrum Disorders: Prevalence and Clinical Correlates

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Abstract

Background: Psychotic disorders, particularly those within the schizophrenia spectrum, are conventionally understood in terms of pathology, focusing on hallucinations, delusions, and cognitive disorganization. However, emerging perspectives suggest that psychotic experiences may frequently incorporate mystical and spiritual content, a dimension that remains insufficiently characterized in psychiatric literature.
Methods: A cross-sectional study was conducted with 417 patients diagnosed with psychotic disorders according to DSM-5 criteria across multiple psychiatric centers. Standardized assessments included the Structured Clinical Interview for DSM-5 (SCID-5), the Positive and Negative Syndrome Scale (PANSS), and a newly developed Spiritual Experience Module (SEM), adapted from established mystical experience scales and refined through expert consensus. Data analysis employed descriptive statistics, bivariate comparisons, and logistic regression to identify predictors of mystical content.
Results: Sixty-eight percent of participants endorsed at least one frequent mystical experience. Religious affiliation (adjusted odds ratio [aOR] = 2.84, 95% CI: 1.67–4.81), schizoaffective diagnosis (aOR = 2.71, 95% CI: 1.32–5.56), and higher PANSS positive symptom scores (aOR = 1.12 per unit increase, 95% CI: 1.06–1.18) significantly predicted mystical content (all $p < 0.01$). Gender, age, and inpatient status were not statistically significant.
Conclusions: Mystical and spiritual themes are common and clinically relevant in psychotic disorders. Current diagnostic approaches may benefit from nuanced, culturally sensitive assessment strategies that differentiate distressing psychotic content from experiences with potential existential or transformative significance.

Keywords: Mystical experiences, Psychosis, Schizophrenia spectrum, Schizoaffective disorder, Positive symptoms, Cultural psychiatry, Clinical correlates

Introduction

Psychotic disorders, particularly those on the schizophrenia spectrum, are defined by hallucinations, delusions, disorganized thought, and impaired insight. While clinical emphasis has traditionally been placed on diagnostic classification, functional outcomes, and pharmacological treatment, less attention has been given to the phenomenological content of psychotic experiences, particularly when these include mystical or spiritual themes.[1]

Historically, religious or mystical elements in psychosis have been conceptualized as culturally inflected delusions or as manifestations of thought disorder.[2] However, an expanding body of work in psychiatry and psychology has noted the frequent presence of spiritually meaningful phenomena within psychosis.[3] Terms such as "mystical psychosis" and "spiritual emergency" have been proposed to describe psychotic-like episodes imbued with transcendent meaning.[3] Such phenomena may include experiences of unity with the universe, ego dissolution, encounters with divine figures, symbolic visions, and emotional states of awe or peace, which overlap with descriptions of mystical experience in religious and philosophical traditions.

Despite these observations, empirical research on the prevalence of mystical content in psychotic disorders remains limited.[4] Most existing studies collapse such phenomena into categories of "religious delusions" or "hallucinations with religious content," without further exploration of their meaning or clinical relevance.[5] This lack of specificity has consequences: overly pathologizing spiritually themed phenomena risks misclassification, overmedication, and a missed opportunity to engage with patients' meaning-making processes.[6]

The present study seeks to address this gap by quantifying the prevalence of mystical experiences in a large sample of individuals diagnosed with psychotic disorders, using a novel Spiritual Experience Module (SEM) in conjunction with SCID-5 and PANSS.[7] We further examine associations with clinical and demographic factors, to clarify whether particular subgroups are more likely to report mystical themes.

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Methods

Study Design and Setting

This was a cross-sectional, multi-site study conducted across urban psychiatric hospitals and community mental health centers in culturally diverse regions of central India. Data were collected over a six-month period. All sites followed DSM-5 diagnostic protocols.

Ethical Considerations

The study was approved by institutional review boards of all participating center. Written informed consent was obtained. Confidentiality and right to withdraw were assured. Participants reporting distress were referred for follow-up care.

Inclusion Criteria

- Age 18–65 years
- Confirmed DSM-5 diagnosis of a psychotic disorder (schizophrenia, schizoaffective disorder, brief psychotic disorder, delusional disorder, or psychotic disorder NOS)
- Clinically stable and able to provide informed consent

Exclusion Criteria

- Comorbid neurological disorder or substance-induced psychosis
- Acute involuntary inpatient admission
- Documented intellectual disability or severe cognitive impairment

Assessment and Procedure

1. SCID-5: for diagnostic confirmation and identification of delusions/hallucinations.
2. PANSS: to assess symptom severity, focusing on positive symptoms.
3. Spiritual Experience Module (SEM): A six-item Likert scale developed for this study, adapted from Hood's Mysticism Scale and the Mystical Experience Questionnaire. Items were refined through consultation with three psychiatrists and one clinical psychologist with expertise in spirituality and psychopathology.

Domains included:

- Communication with a transcendent being
- Unity with the universe/ego dissolution
- Symbolic or religious imagery
- Emotional states of peace, awe, or ecstasy
- Transformative or meaningful interpretation
- Perceived spiritual insight

Pilot testing with 30 patients yielded high internal consistency (Cronbach's $\alpha = 0.87$).

Eligible participants were identified by treating clinicians and approached during routine care. Written informed consent was obtained. Trained research assistants administered assessments in private settings; interviews lasted 45–60 minutes. Data on demographics and clinical history were extracted with consent.

Statistical Analysis

Prevalence of mystical themes was defined as scoring ≥4 on at least one SEM item. Descriptive statistics were used for prevalence. Bivariate analyses (Chi-square, t-tests) examined associations. Logistic regression was performed to identify predictors of mystical themes, with variables including age, sex, diagnosis, religious affiliation, PANSS positive score, and inpatient status. Significance threshold: $p < 0.05$.

Results

Mean age: 34.6 ± 10.8 years; 51.1% male. Diagnoses: schizophrenia (68.8%), schizoaffective disorder (21.3%), other psychotic disorders (9.9%). Religious or spiritual affiliation reported by 76.7%.

Prevalence of Mystical Themes

284 participants (68.1%) endorsed ≥1 mystical theme.

163 participants (39.1%) scored ≥4 on ≥3 SEM items, suggesting consistent mystical theming.

Regression Analysis

Mystical themes significantly associated with religious affiliation (OR 3.02, $p < 0.001$), schizoaffective disorder (OR 3.12, $p < 0.001$), and higher PANSS positive scores (mean 24.6 vs 21.1, $p < 0.001$). Logistic regression confirmed predictors: religious affiliation (aOR = 2.84), schizoaffective diagnosis (aOR = 2.71), PANSS positive score (aOR = 1.12 per unit). Gender, age, and inpatient status not significant. (Table 1)

Table 1. Analyses

Variable	Association with Mystical Themes	Stats
Religious affiliation	Significant	OR 3.02, p less than 0.001
Schizoaffective disorder	Significant	OR 3.12, p less than 0.001
PANSS positive score	Significant	Mean 24.6 vs 21.1, p less than 0.001
Religious affiliation (adjusted)	Predictor	aOR 2.84
Schizoaffective diagnosis (adjusted)	Predictor	aOR 2.71
PANSS positive score (adjusted)	Predictor	aOR 1.12 per unit

p-value <0.05 is significant

Discussion

This study demonstrates that mystical or spiritual themes are highly prevalent in psychotic disorders, with over two-thirds of participants endorsing such experiences.8 These findings highlight a dimension of psychosis that has historically been underrepresented in psychiatric research.9

Earlier studies suggested that 20–30% of psychotic patients report religious content in hallucinations or delusions, but typically without distinguishing persecutory from mystical experiences.5 Our findings suggest that mystical content is substantially more common when assessed with tools designed to capture phenomenological richness.7

These results underscore the importance of nuanced clinical assessment. Mystical themes may hold personal meaning for patients and, when acknowledged respectfully, may enhance therapeutic rapport, reduce stigma, and inform culturally sensitive treatment planning.10 Overly reductive classification as "religious delusions" may risk invalidating patient experience and compromising engagement.11

The present study is strengthened by its large sample, multi-site design, and integration of SCID-5, PANSS, and a pilot-tested SEM. By incorporating both standardized psychiatric tools and a specialized module, we were able to capture dimensions of psychotic experience often overlooked in standard assessments.12

Limitations

Cross-sectional design limits inference about outcomes; longitudinal studies are needed to determine whether mystical experiences predict recovery, resilience, or relapse. SEM, while demonstrating strong reliability, requires further validation across cultures and clinical contexts. Self-report introduces recall bias, though high prevalence across sites supports the robustness of findings.

Rationale of the Study

Psychotic disorders often feature complex subjective experiences that extend beyond conventional symptom categories, yet the mystical and spiritual dimensions of these experiences remain under explored in mainstream psychiatric research. These themes may carry significant cultural, emotional, and existential meaning for patients, influencing insight, coping, help seeking behavior, and overall clinical course. Despite their clinical relevance, systematic data on the prevalence and correlates of mystical content within psychosis are limited. Understanding how these experiences intersect with demographic factors, diagnostic classifications, and symptom severity is essential for developing culturally informed assessment strategies and improving patient centered care. This study addresses this gap by examining the presence of mystical features in individuals with schizophrenia spectrum disorders and identifying the clinical variables associated with their occurrence.

Conclusion

Mystical and spiritual themes are not peripheral but common in psychotic disorders, reported by a majority of patients in this study. These experiences are significantly associated with religious affiliation, schizoaffective diagnosis, and positive symptom severity. Our findings suggest that psychiatric assessment frameworks should move beyond categorical labeling of religious delusions, to incorporate more nuanced, culturally sensitive evaluation of spiritually themed experiences.

Recognizing mystical content in psychosis is clinically relevant: it may support therapeutic alliance, foster meaning-making, and guide integrative care approaches. Future research should validate the SEM, examine cross-cultural patterns, and explore longitudinal outcomes. Ultimately, a fuller appreciation of mystical experiences may enrich both clinical understanding and patient-centered psychiatric practice.

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